



Nebraska Workers' Compensation Court

TRAINING MILEAGE REIMBURSEMENT REQUEST (TO BE COMPLETED MONTHLY)

NAME: _____ SOCIAL SECURITY #: _____

Report Period: From: _____ To: _____
(Date) (Date)

I am regularly scheduled to attend training _____ days per week at _____
(Name of Training Facility)

TO BE COMPLETED BY EMPLOYEE:	
Total miles traveled this report period (from back)	=
Mileage rate	X \$.405
Total actual mileage amount	\$

FOR COURT USE ONLY:	
Total actual mileage amount	\$
Training provider room and board rate (if applicable)	\$
Maximum monthly amount when no room and board available	\$
REIMBURSEMENT IS LIMITED TO THE LOWEST OF THE THREE AMOUNTS SHOWN ABOVE	
Total amount to be paid to employee	\$

Mail my check to: _____

☐ CHECK HERE IF THIS IS A NEW ADDRESS

I certify that the above information is correct to the best of my knowledge.

(Employee Signature)

(Date)

SUBMIT COMPLETED FORM TO YOUR VOCATIONAL REHABILITATION COUNSELOR FOR VERIFICATION

(Vocational Rehabilitation Counselor Signature)

(Date)

Approved by:

(Court Vocational Rehabilitation Specialist Signature)

(Date)

COMPLETE MILEAGE LOG ON BACK

[illegible]

TOTAL NUMBER OF MILES TRAVELED (enter here
and on other side of form)